



## RECORDS REQUEST FORM

(This form is a public record and will be retained for a period of one year from creation)



### Requestor Information

Please Print	Payment Information
First Name _____ MI _____ Last _____	Select Payment Method:
Company (if applicable) _____	Cash <input type="checkbox"/> Cashier's Check <input type="checkbox"/>
Mailing Address _____	Money Order <input type="checkbox"/>
City _____ State _____ Zip Code _____	Fees: Paper Copy \$ 1.00/page
Business Hours Telephone _____	Audio Tape \$10.00/tape
Preferred Delivery: Pick-Up <input type="checkbox"/> US Mail <input type="checkbox"/> On-Site Inspect <input type="checkbox"/>	Video Tape \$20.00/tape
Total Estimated Cost \$ _____	
Delivery: Delivery/postage fees additional depending upon delivery type.	
Extras: Extraordinary service fees dependent upon request.	
<i>The applicant hereby acknowledges receipt of a copy of this form. The applicant hereby understands that there is a charge for copies of public records. The applicant understands that payment in full is required prior to reproduction if the estimated cost of the requested records is \$25.00 or more. The applicant understands that, if the requested records are not retrieved, he/she will be charged in full for a second reproduction. The applicant hereby certifies an understanding of these terms and agrees that advance payment will be forfeited if the requested records are not retrieved.</i>	
Signature _____	Date _____

### Records Requested

To Expedite Your Request, Be as Specific as Possible. Also, Please Include the Type of Medium Being Requested (Photocopies, Audio Tape or Video Tape)

_____
_____
_____
_____
_____
_____

### OFFICE USE ONLY

Tracking # _____		Finalized Cost	
Received Date _____		Total	\$ _____
Completed Date _____		Deposit	\$ _____
Total Pages _____		Balance Due	\$ _____
		Balance Paid	\$ _____
Documents Provided		Custodian Signature _____	
_____		Date _____	
_____			
_____			
_____			
_____			